OIPE VOIGO

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

	Complete if Known	
Application Number	10/003,847	
Filing Date	October 31, 2001	
 First Named Inventor	Rajasekaran, Sanguthevar	
Examiner Name	Lisa M. Caputo	
Art Unit	2876	
Atternov Dooket No.	020967-001100	

Deposit Account Number 20-1430 Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Description Fee Code Fee (\$) Fee Description Fee Code Fee (\$) Fee Description Fee Code Fee (\$) Fee Description Fee Description Fee Code Fee (\$) Fee Description Fee Description Fee Code Fee (\$) Fee Description Fee Code Fee (\$) Fee Description Fee Description Fee Description Fee Code Fee (\$) Fee Description Fee Description Fee Code Fee (\$) Fee Description Fee Description Fee Description Fee Description Fee Code Fee (\$) Fee Description F		MEII	100 OF P	'ATMENT (Check all that apply)					PEE U	ALCOLATION (continued)	
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Account Townsend and Townsend and Crew LLP 1053 130 1053 130 Non-English specification 1812 2,520 For filing a request for reexamination 1804 920*	Deposit	_ 				1052	50	2052	25	• •	-
he Director is authorized to: (check all that apply) Charge fee(s) indicated below Cardit any overpayments Charge fee(s) indicated below Cardit any overpayments Charge fee(s) indicated below Cardit any overpayments Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Interest in the above-identified deposit account. FEE CALCULATION BASIC FILING FEE 1251 110 2251 2252 210 Extension for reply within first month Extension for reply within second month Extension for reply within first month Extensio	Account	- Т	Townsend and Townsend and Crew LLP			1053	130	1053	130	Non-English specification	
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applications appl	otal Claims		-** =	X -=		1460	130	1460	130	Petitions to the Commissioner	
Submission of Information Disclosure Stmt 8021 40 8021 40 8021 40 Recording each patent assignment per property (times number of properties)		Ħ	<u> </u>			1807	50	1807	50		
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201 86 2201 43 Independent claims in excess of 3 Independent claims in exc	ode (\$)	Cod	le (\$)	Fee Description		1809	770	2809	385	Filing a submission after final rejection	
203 290 2203 145 Multiple dependent claims in excess of 30 204 86 2204 43 "Reissue independent claims over original patent "Reissue claims in excess of 20 and over original patent "Reissue claims in excess of 20 and over original patent "SUBTOTAL (2) (\$)						1810	770	2810	385	• • • •	\vdash
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SUBMITTED BY		C	Complete (if applicable)			
Name (Print/Type)	Babak Kusha	Registration No. (Attorney/Agent)	51,095	Telephone	925-472-5000	
Signature	Bulak	Date	8/23/04			